

MASTER COVERSHEET FOR WORKERS COMPENSATION FILES TEMPLATE

Process Checklist for Injury/Illness Claims

| EMPLOYEE NAME: | | CASE # | | |
|--|--|--|------|----------|
| DATE OF INJURY OR ILLNESS: | | | | |
| Initial Claim | Yes | No | Date | Comments |
| Is information complete? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Review facts of claim with supervisor: 1. Is claim legitimate? If no, explain. 2. Is employee working? 3. Did employee seek medical care? 4. Was CA-16 issued? 5. Is there doctor's statement to support COP? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Has supporting medical evidence been received by ICPA? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has claim been entered/authenticated in EDI? Has claim been entered log book? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | |
| If claim is to be controverted or challenged, was this indicated in EDI? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Create agency claim file while waiting for claim # to come back. Include current SF-50 to establish installation/CPAC responsibility in case of future questions. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has ICPA contacted claimant? Explained ICPA responsibilities and assistance available to claimant (emphasizing caring, sympathy)? Emphasized availability of light duty and claimant responsibility to seek return to light duty when appropriate? Explained to claimant that agency must have medical documentation for all time off? Explained to claimant that when OWCP letter of acceptance is received, he/she must give a copy to doctor? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

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|---|--|--|--|---|
| Have additional CA-7s been sent to OWCP District Office with medical documentation and CA-7a (if applicable)? | <input type="checkbox"/> | <input type="checkbox"/> | | Time off dates: From: To: |
| Has CA-7 been sent for Leave-Buy-back (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has employee been placed on PR rolls and CA-7s are no longer needed? | <input type="checkbox"/> | <input type="checkbox"/> | | Date on PR: Date off PR: |
| Has ICPA done follow-up with employee at home after going on PR rolls? | <input type="checkbox"/> | <input type="checkbox"/> | | Additional Dates: |
| Has CA-17 or CA-20 sent to treating physician after employee went on PR status? | <input type="checkbox"/> | <input type="checkbox"/> | | Additional Dates: |
| Has job offer been made to employee with copy to OWCP and DOD liaison? | <input type="checkbox"/> | <input type="checkbox"/> | | Date Sent: Reply Deadline Date: Date Response Received: |
| Did employee accept job offer? Has acceptance or refusal of job offer been sent to OWCP & liaison? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | |
| Has employee returned to work? Has OWCP CE been notified? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | |
| Has CA-7 for Schedule Award been sent to OWCP/comments? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has employee been moved to PN rolls? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has ICPA done follow-up with employee at home after going on PN rolls? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Record date of retirement/separation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Record dates of all SF-50s and attach copies: | <input type="checkbox"/> | <input type="checkbox"/> | | |

Other information that would be helpful to a successor ICPA: